Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: F. G. Holl Co	mpany, LLC				API Number:	15 - 151-21,60)4- 0301-	10-06-06									
Address: 9431 E Central, Ste 100, Wichita, KS 67206 Phone: (316) 684 -8481					Lease Name: Hiskett Well Number: 1-14 Spot Location (QQQQ): C - SW - SE - SW PK Per Per South Section Line 1650 Feet from East / West Section Line												
									The plugging proposal was approved on: 11/03/05 (Date)					Sec. 14 Twp. 29 S. R. 11 East V West			
									by: Durrant (KCC District Agent's Name)							₹	East west
									ls ACO-1 filed? ✓ Yes No If not, is well log attached? ✓ Yes No					County: Prati	6/22/8		
Producing Formation(s): List All (If needed attach another sheet) Depth to Top: Bottom: T.D					Date Well Completed:												
									Depth to Top: Bottom: T.D					Plugging Completed: 2/24/06			
	Depth to Top:	Bottom	n: T.E)	,,	'											
Show depth and thickness of	all water, oil and gas	formations.															
Oil, Gas or Wate			Ca	sing Record ((Surface Conducto												
Formation	Content	From	То	Size	Put In	Pulle	ed Out										
				8 5/8	266												
				4 1/2	4745	182	20										
TD was at 4760', set Bridge pumped 50 sacks, pulle				asing at 1820	', pulled to 700',	pumped 12 gel &	6 50 sacks, pui	led to 290 ,									
to 200 psi.						ße.	- Pro										
						21025	NSAS CORPO	CEIVED RATION COMMISSI 1 5 2000									
Name of Plugging Contractor	. Quality Well Service	e, Inc.			Licens	e #: 31323	MAR-	T 5 2006									
Address: 401 West Main,	Lyons, KS 67554	<u> </u>					CONSERVATIO VICATA										
Name of Party Responsible f	or Plugging Fees: F.	G. Holl Co	mpany, LLC				WCLIT	AN DIVISION									
State ofState ofState				, ss.				o * 1665.									
Lôveness I	Mpanje		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Employee	of Operator) or	(Operator) on abov	ve-described we	ell, being first duly									
sworn on oath, says: That I i	nave knowledge of the	facts statem	ents, and matte	rs herein con	tained, and the l	og of the above-d	escribed well is	s as filed, and the									
same are true and correct, s	o help me God.		Jale	ress Mpa	Part												
Notary Public - State	of Kansas	(Signature)(Address)				0, Wichita	, KS. 67	206-2563									
BETTY H. SPOTS My Appointment Expires 4		•															
AMERICANI, JACA LINANGO, SINCALINICA RACOSTROLINO, INVO COM RIO LORNA ACU INTO LOS SALCOVARCO, ORCIO	Betty H. Sr	_		ouy (My Commission	Expires: 04/	30/2006										
	Belly W.	Motary-F			wy Commission	μποσ											
	Mail to: KCC - Co	nservation l	Division, 130 S	6. Market - F	Room 2078, Wid	chita, Kansas 6	7202										